

REVISION 9

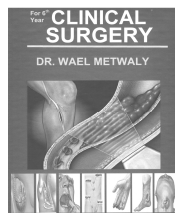
SPLEEN, LIVER

&

GALL BLADDER

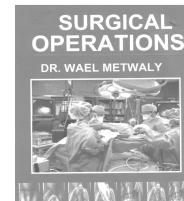
BY DR. WAEL METWALY

★ Clinical



- Hepato-splenomegaly

★ Operative



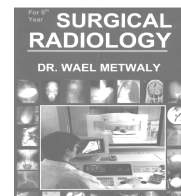
- Management of Rupture Spleen
- Management of stab Wound in Rt. Hypochondrium
- Splenectomy
- Cholecystectomy

★ Jars



- Liver Cirrhosis
- Amoebic Liver Abscess
- Liver Metastasis
- Rupture Spleen
- Splenic infarction
- Pigmented Stones
- Cholesterol Stones
- Cholesterol Stones (Mixed)
- Empyema of G.B

★ X-rays



- CT scan:
 - Hepatoma
 - Hydatid cyst
- Plain X-ray
- Oral Cholecystography
- HIDA Scan

EXAMS

- A. Anatomy**
- B. Written Questions**
- C. Explanations**
- D. Cases**

A. ANATOMY

1994

- Describe Anatomy of Spleen

(10 Marks)

1995

- Describe Anatomy of G.B & Extra-hepatic Biliary system

(15 Marks)

B. WRITTEN QUESTIONS

1. SPLEEN

2002

- Discuss Diagnosis & ttt. of Rupture Spleen

(12 Marks) دور ثانی

2003

- Enumerate Causes of Enlarged Spleen

(9 Marks) دور ثانی

2004

- Discuss C/P & Management of Rupture spleen
- Enumerate the possible injuries, which may occur 2ry to a stab wound in the Lt. Hypochondrial area.

(20 Marks) دور ثانی

(20 Marks)

Discuss Investigations

2006

- A 8 year-old Child was admitted to the causality department after a car accident. The patient was alert. He complained of upper Lt. abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(20 Marks) دور ثانی

Discuss 3 investigations & treatment

2007

- A 18 year-old male came to the causality department after a road traffic accident. He recovered his senses after a few minutes. He complained of upper abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

Discuss management.

(25 Marks)

2009

- A 17 year-old male has car accident. On examination we found . That he had pain in Lt. loin, dull Lt. Hypochondrium & shifting dullness to Rt. Hypochondrium.

Discuss management.

(20 Marks) دور ثانی

- Discuss C/P, Investigation & ttt. of Rupture Spleen

(25 Marks)

2. LIVER

2001

- Discuss **Amoebic Liver Abscess**

(10 Marks) دور ثانی

2002

- Discuss C/P, Investigations & ttt. of **1ry Liver Cancer**

(12 Marks)

2003

- Discuss management of **Liver Injuries**
- Discuss **Amoebic Liver Abscess**

(9 Marks) دور ثانی

(9 Marks) دور ثانی

2004

- Discuss **Liver Metastasis**

(20 Marks) دور ثانی

2005

- Discuss Aetiology, C/P, Investigations & ttt. of **Liver Injuries**

(20 Marks) دور ثانی

2008

- A 45-years-old farmer presented to the outpatient clinic complaining of Rt. Hypochondrial pain for the past 3 months. Examination revealed no clinical abnormality. C.T scan revealed a solitary focal lesion 5 cm in the Rt. Lobe of the liver

Discuss management

(30 Marks)

3. GALL Bladder & Gall Stones

2002

- Mention Types & Composition of **Gall Stones** & it's complication

(12 Marks)

2004

- Discuss Types, Aetiology & C/P of **Gall Stones**
- A 40 years old diabetic woman presented with persistent pain in Rt. Hypochondrium for one day. Her temp. 38°c Abdominal examination revealed tenderness & Guarding in Rt. Hypochondrium .

(20 Marks) دور ثانی

Discuss management

(20 Marks)

2006

- Discuss C/P & management of **Acute Calcular Cholecystitis**
- Mention the types of gall stones.
- Describe C/P of **Chronic Calcular Cholecystitis**
- Discuss the complications of **Gall stones**

(20 Marks) دور ثانی

(3 Marks)

(5 Marks)

(12 Marks)

2008

- A 55 years old diabetic female came complaining of an acute abdomen & persistent vomiting of 6 hours duration. On examination pulse was 100/minute, B.P 130/90 mm Hg. & temp. 38 c. She had a mild tinge of jaundice & localized tenderness in the Rt. hypochondrium

Discuss management

(20 Marks) دور ثانی

2009

- A female patient, came to emergency room with sever Rt. Hypochondrial pain, Rt. Shoulder & radiate to back bilirubin level was 0.8 . **Discuss management**
- Mention the types of gall stones.
- A 43 female with long history of fatty dyspepsia, presented with upper Rt. abdominal pain. Temperature 39, pulse 130/min with rebound tenderness in upper Rt. quadrant. **Discuss management**

(20 Marks) دور ثانی

(5 Marks)

(10 Marks)

C. EXPLAIN

THE FOLLOWING STATEMENTS



1. It is preferable to preserve the Spleen in children with a traumatic injury to the spleen

(2006 – دور أول – Kasr)

(2008 – دور ثانی – Kasr)

- Because the spleen play an important role in immune mechanism (in children) especially against Pneumococci

2. Amoebic liver abscess is more common in Rt. Lobe of liver

(2006 – دور ثانی – Kasr)

(2007 – دور أول – Kasr)

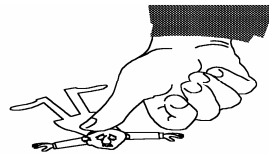
- As portal blood from Rt. Side of colon (site of Amoebic Colitis) drains to Rt. Lobe of the liver

3. A big sized gall bladder stone can produce acute Intestinal Obstruction

(2006 – دور أول – Kasr)

- Gall Stone Ileus (discuss)

D. CASES



Case [52] (Rupture Spleen)

A 8 year-old Child was admitted to the causality department after a car accident. The patient was alert. He complained of upper Lt. abdominal pain. The puls was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(2006 – دور ثانی – Kasr)

- Discuss the Management?

Case [53] (Rupture Spleen)

A 18 year-old male came to the causality department after a road traffic accident. He recovered his senses after a few minutes. He complained of upper abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(2007 – دور أول – Kasr)

- Discuss the Management?

Case [54] (Rupture Spleen)

A 17 year-old male has car accident. On examination we found . That he had pain in Lt. loin, dull Lt. Hypochondrium & shifting dullness to Rt. Hypochondrium.

(Kasr – دور ثانی – 2009)

- *What is the diagnosis?*
- *How to confirm the diagnosis?*
- *What is the possible Treatment?*

Case [55] (Rupture Liver)

A 30-years-old male patient was admitted to the Causality department after a car accident the patient was alert the pulse 110/min, ABP 110/70 mmHg. Chest examination was free. Abdominal examination revealed tenderness & Guarding in the Rt. Hypochondrium.

(6 Oct. – دور ثانی – 2005)

- *What is the diagnosis?*
- *What is the investigations would you order?*
- *What is the treatment?*

Case [56] (Solitary focal lesion of Liver)

A 45-years-old farmer presented to the outpatient clinic complaining of Rt. Hypochondrial pain for the past 3 months. Examination revealed no clinical abnormality. C.T scan revealed a solitary focal lesion 5 cm in the Rt. Lobe of the liver

(KASR – دور أول – 2008)

- *What is the D.D?*
- *How to reach a diagnosis?*
- *What is the Treatment?*

Case [57] (Acute Calcular Cholecystitis)

40-years-old diabetic woman presented with persistent pain in Rt. Hypochondrium for one day. Her temp. 39° c Abdominal examination revealed tenderness & Guarding in Rt. Hypochondrium.

(KASR – دور أول – 2004)

- *Discuss the Management?*

Case [58] (Acute Calcular Cholecystitis)

A 43 female with long history of fatty dyspepsia, presented with upper Rt. abdominal pain. Temperature 39, pulse 130/min with rebound tenderness in upper Rt. quadrant.

(KASR – دور أول – 2009)

- *What is the diagnosis?*
- *How to confirm the diagnosis?*
- *What is the possible Treatment?*

Case [59] (Chronic Calcular Cholecystitis)

55 years old diabetic female came complaining of an acute abdomen & persistent vomiting of 6 hours duration. On examination pulse was 100/minute, B.P 130/90 mm Hg. & temp. 37 c. She had a mild tinge of jaundice & localized tenderness in the Rt. hypochondrium

(KASR – دور ثانی – 2008)

- *Discuss the management?*

Case [60] (Chronic Calcular Cholecystitis)

A female patient, came to emergency room with sever Rt. Hypochondrial pain, Rt. Shoulder & radiate to back bilirubin level was 0.8

(KASR – دور ثانی – 2009)

- *What is your diagnosis?*
- *What are the possible complications?*
- *What is the Treatment?*

بِسْمِ اللَّهِ
GOOD LUCK

Dr. WAEL